

SWEETWATER COUNTY SCHOOL DISTRICT #2
Certification Statement For Receipts Lost, Misplaced or Not Received

Travelers Name: _____

Conference: _____
Date

Provide a brief description of the circumstances surrounding the absence of this receipt:

Itemized Description of Goods or Services Purchased:

AMOUNT: _____

Travelers Certification:

I certify under penalty of perjury and subject to the provisions of W.S. 6-5-303 and it's penalties that the foregoing certification is an accurate statement attesting to the loss, misplacement or non-receipt of a receipt in accord with W.S. 9-3-103.

Signature

Date

Business Manager Approval

DISAPPROVAL

Signature

APPROVAL IN PART

Signature

Describe, by amount, the portion that is approved for payment:

APPROVAL IN TOTAL

Signature